

Name  
in  
Full

William Alexander Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		April	15	32	7	18	
Sex	Male		Color or Race	White		Birth-place	Calvert Co
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Lillian Buckler			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Eliza Knighton			Mother's Birthplace	Calvert Co		
Name of person giving information	Ed Baker			How related to deceased	Brother		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	La Grippe	How long	4 days
Immediate	Lobar Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. J. Chambers MD	
Address		Lusby Calvert Co	
Accident or Suicide?			

June 18 1864

Dear Mr. [illegible]

I have just received your letter of the 14th inst.

and am glad to hear that you are well.

I am, &c. &c. &c.



8

Name  
in  
Full

Wm. E. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Wallace Town Calvert County  
 Date of death 1907 April 1 Month Day Age 9 Years  
 Sex male Color or Race Colored Birthplace Calvert Co.  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm. Brown

Father's  
Birthplace

Calvert Co.

Mother's  
Maiden Name

Maggie Jones

Mother's  
Birthplace

Calvert Co.

Name of person giving  
information

Wm. Brown

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

1 week + 3 days

Immediate

Cerebral

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

P. J. Brown M.D.

Address

Mutual  
Calvert Co. Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

1914

1914

1914

Name  
in  
Full

Sarah Carr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Parkers Creek <sup>County</sup> Calvert

MARYLAND

Date of death 1907 <sup>Month</sup> April <sup>Day</sup> 13 <sup>Age</sup> 60 <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup>Sex Female <sup>Color or Race</sup> Black <sup>Birthplace</sup> Calvert CoOccupation Housewife <sup>Where Residing if not at place of death</sup><sup>Married, Single or Widowed</sup> Married <sup>Name of Wife or Husband</sup> to James Carr<sup>Father's Name</sup> Unknown <sup>Father's Birthplace</sup> Cal Co<sup>Mother's Maiden Name</sup> Unknown <sup>Mother's Birthplace</sup> Cal Co<sup>Name of person giving information</sup> <sup>How related to deceased</sup>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER<sup>Primary</sup> Organic heart disease<sup>Immediate</sup> Dropsy

Are the name, age, sex, color, date and place correctly given above?

<sup>Signature of Physician</sup><sup>Address</sup>J. M. King  
Bartow Md

Accident or Suicide?



Name  
in  
Full

Arthur Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chesapeake Beach</u>		Town <u>Calvert</u>		County <u>Calvert</u>		STATE <u>MARYLAND</u>	
Date of death <u>1907 April</u>		Month <u>April</u>		Day <u>24</u>		Age <u>6</u> Years	
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Prince George Co</u>		Months <u>—</u> Days <u>—</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Near Chesapeake Beach</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Oriscilla Carter</u>					
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>W. H. Ward</u>		How related to deceased <u>—</u>					

## CAUSES OF DEATH

Primary Run over by Locomotive 166 How long —

Immediate 71 11 11 11 How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

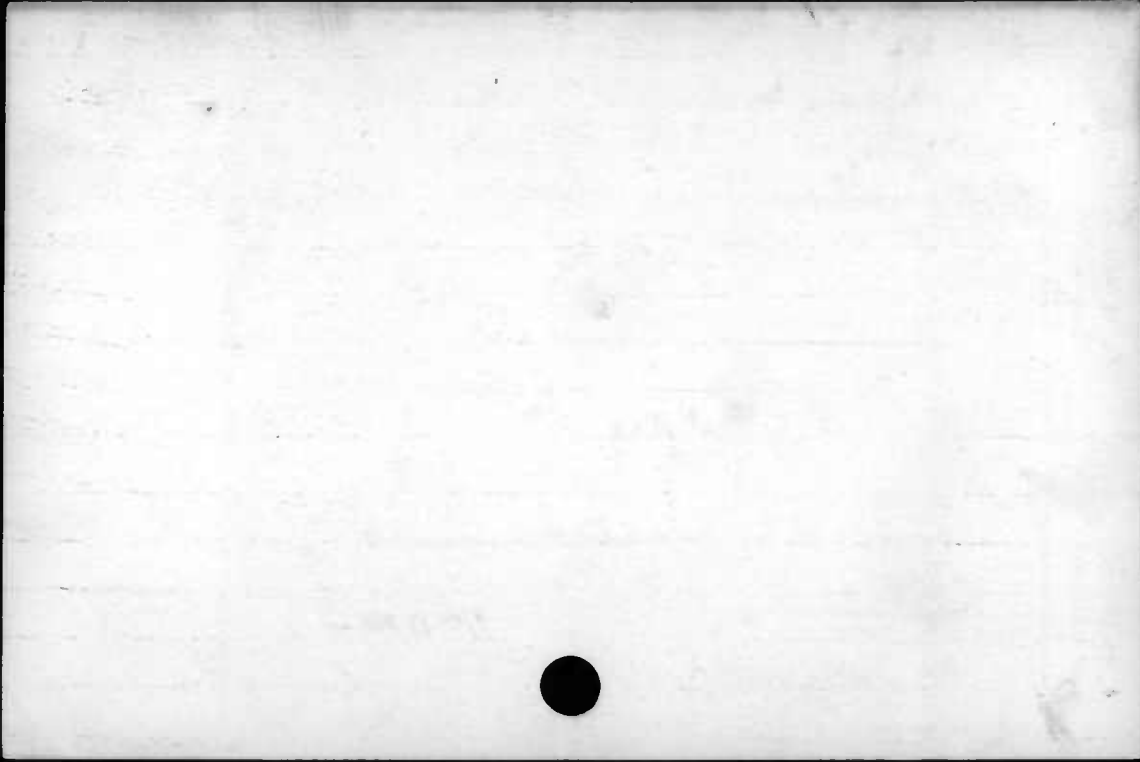
Address

W. H. Ward acting coroner

Int. Harmony Md.

Accident or Suicide?

AccidentPHYSICIAN  
OR CORONER





Name  
in  
Full

Bernard Coats

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

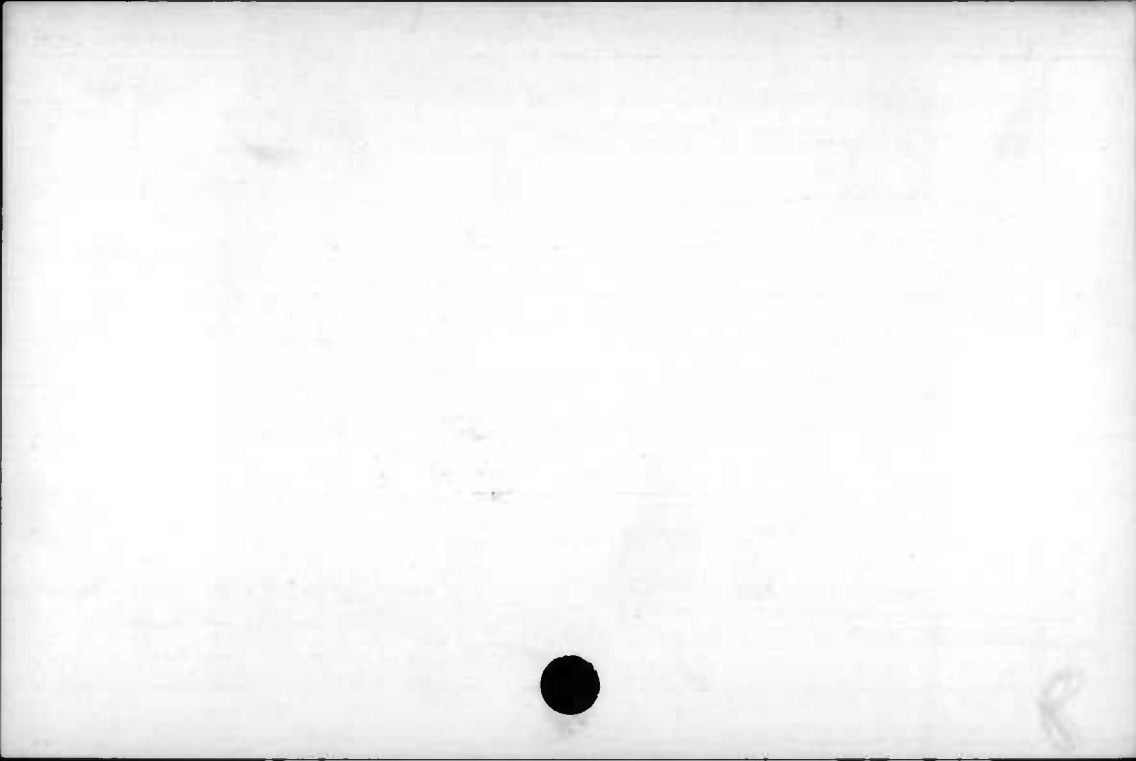
Died at <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1907	Month <i>apl.</i>	Day <i>22</i>	Age <i>20</i>	Months <i>9</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		
Occupation <i>Suburban farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Samuel Coats</i>		Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Kizzia Coats</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Piggie Coats</i>		How related to deceased <i>Grand mother</i>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Tuberculosis Peritonitis</i>	How long	<i>6 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Feitch</i>	
		Address <i>Huntingtown</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

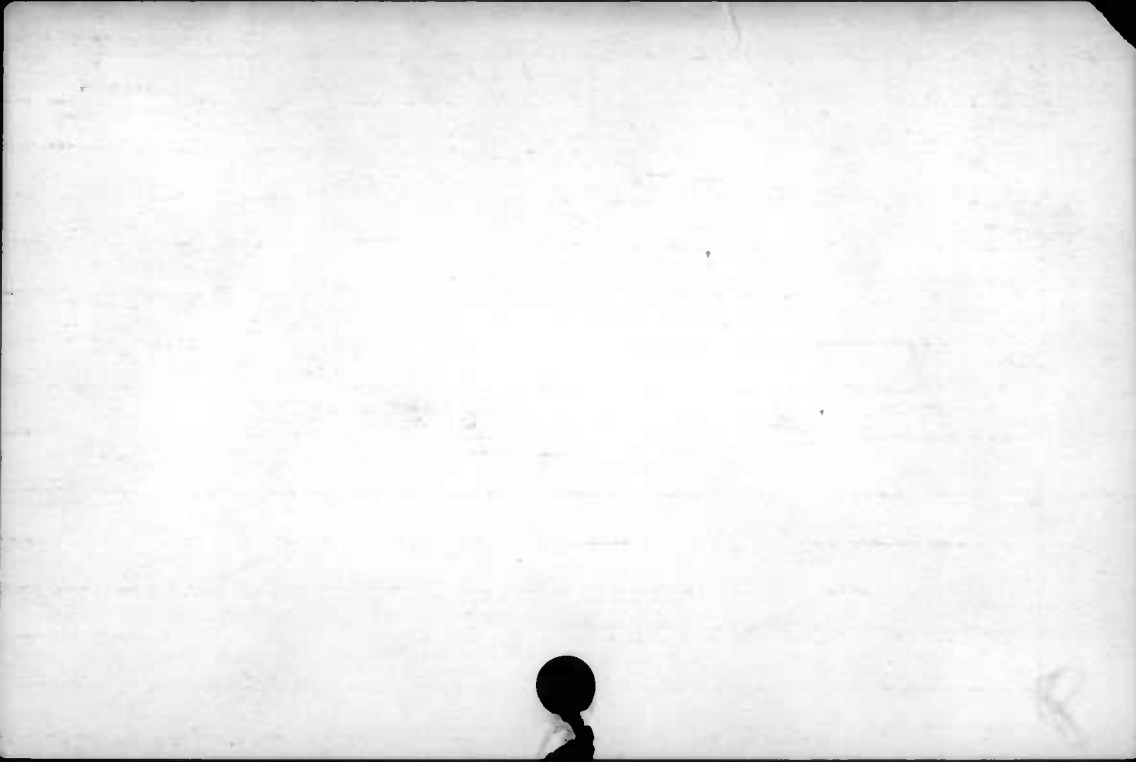
MARYLAND

Died at <i>Willows</i> <small>Town</small>		<i>Calvert</i> <small>County</small>			
Date of death <i>1907</i> <small>Year</small>		<i>April</i> <small>Month</small>		<i>7</i> <small>Day</small>	
Age <i>58</i> <small>Years</small>				<i>5</i> <small>Months</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Baltimore Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William W. Gray</i>			
Father's Name <i>William H. Lawrence</i>		Father's Birthplace <i>Baltimore Md.</i>			
Mother's Maiden Name <i>Rebecca E. Carter</i>		Mother's Birthplace <i>Annapolis Md.</i>			
Name of person giving information <i>Bessie Gray</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>6 days</i>
Immediate <i>Nervous</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Talbot M.D.</i>
	Address <i>Willows Md.</i>
Accident or Suicide?	



Name  
in  
Full

*Amelia Gross*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

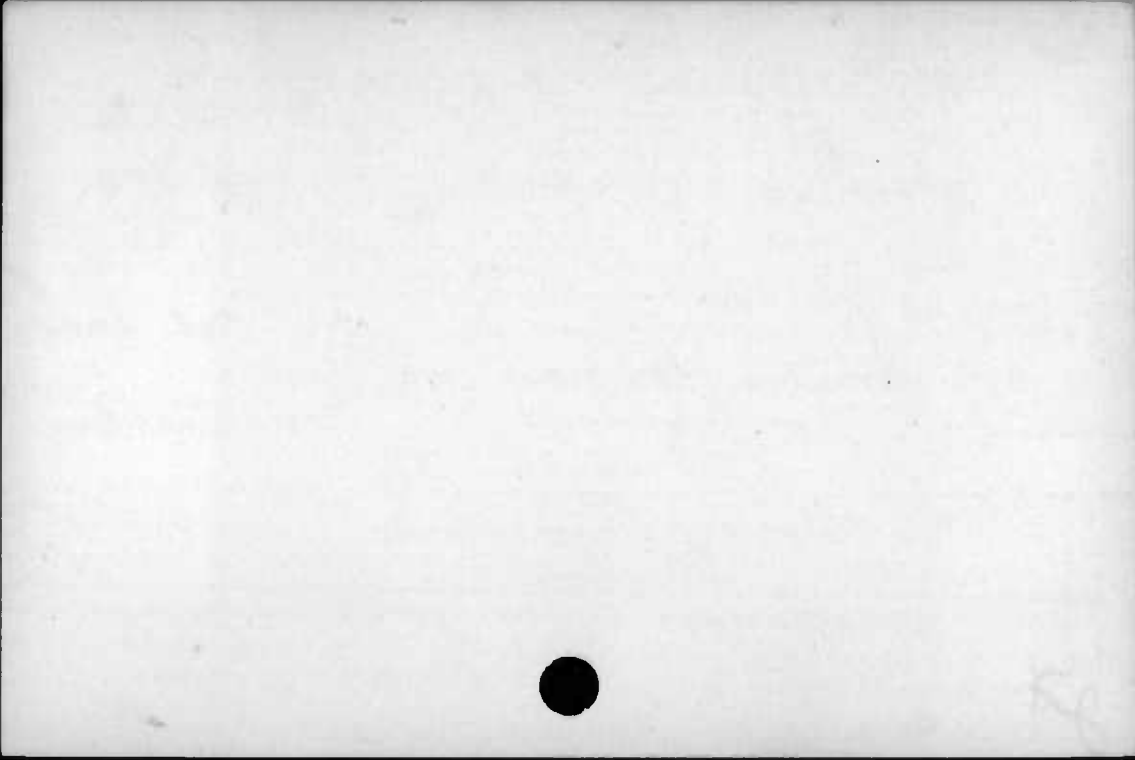
Died at <i>Pomran</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aprl.</i>	Day <i>14</i>	Years <i>40</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>James Long</i>				
Father's Name <i>Robert Gross</i>	Father's Birthplace <i>Cal. Co.</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Mary Gross</i>	Name of person giving information <i>Jos. Ennis</i>		How related to deceased <i>Mother-in-law</i>		

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>&amp; exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Fitch</i>
	Address <i>Henningtown</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Andrew Grace</i>		Town <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Huntingtown</i>		Month <i>Apr</i>		Day <i>13</i>		Years <i>9</i>	
Date of death <i>1907</i>		Month <i>Apr</i>		Day <i>13</i>		Age <i>9</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <i>Cal. Co.</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Wesley Grace</i>		Mother's Maiden Name <i>Amelia Grace</i>		How related to deceased <i>Uncle</i>			
Name of person giving information <i>Jas E. ...</i>							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>" Hemorrhage</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Fitch</i>	
		Address <i>Huntingtown</i>	
Accident or Suicide?		<i>med.</i>	



18



Name  
in  
Full

Martha Gross

CERTIFICATE OF DEATH

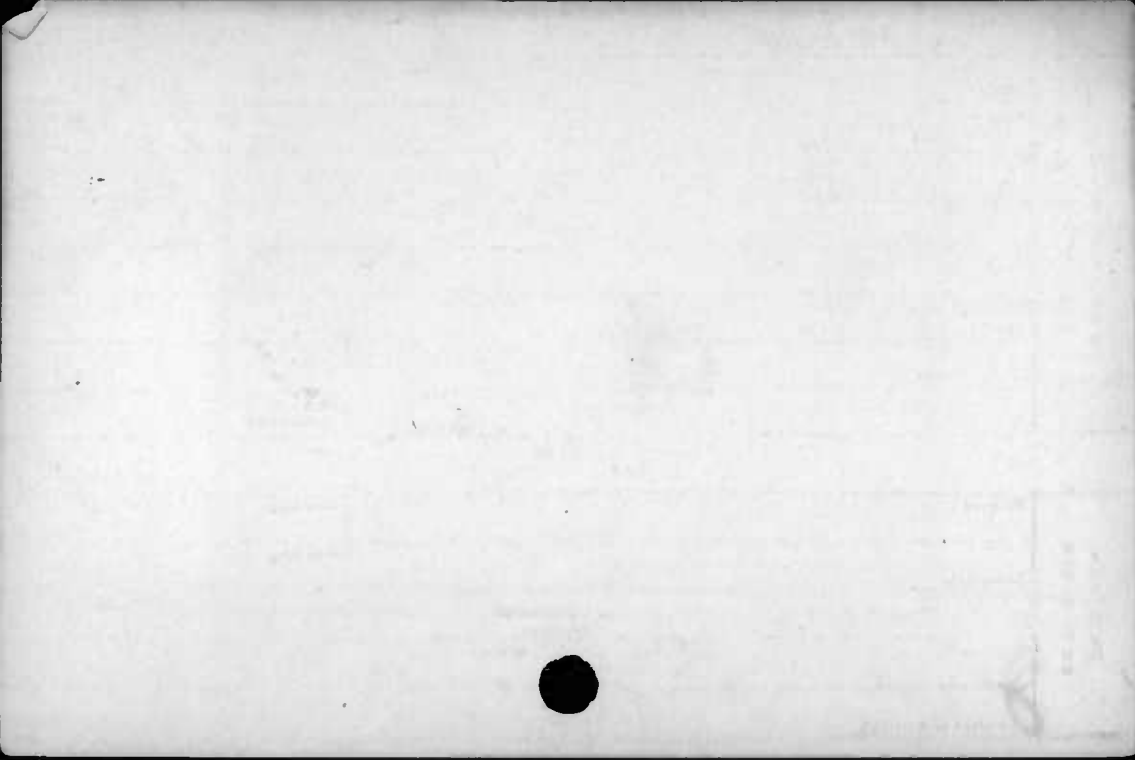
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Orleans		County Calvert		MARYLAND	
Date of death	1907	Month April	Day 22	Age 47	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Calvert Co Md
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jas T Gross			
Father's Name	Moses Jones				Father's Birthplace	Calvert Co	
Mother's Maiden Name	Cecilia Jones				Mother's Birthplace	"	
Name of person giving information	Jas T Gross				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grippe -	How long	4 weeks.
Immediate	Complication of lungs	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. Bacon S. R.		
	Address New Orleans		
Accident or Suicide?	No		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Friendship</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month 4	Day 3 <sup>rd</sup>	Age 15	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mt Zion</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Shoat Boy</i>			
Name of Wife or Husband					
Father's Name <i>W. Emory Hardisty</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Alice Ogdon</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Malcolm Hardisty</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Nephritis</i>	How long <i>Two weeks</i>
Immediate	<i>Coma</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Brayschaw</i>
		Address <i>Friendship</i>
		<i>Ind</i>
Accident or Suicide?		



Name  
in  
Full

Edward Hay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

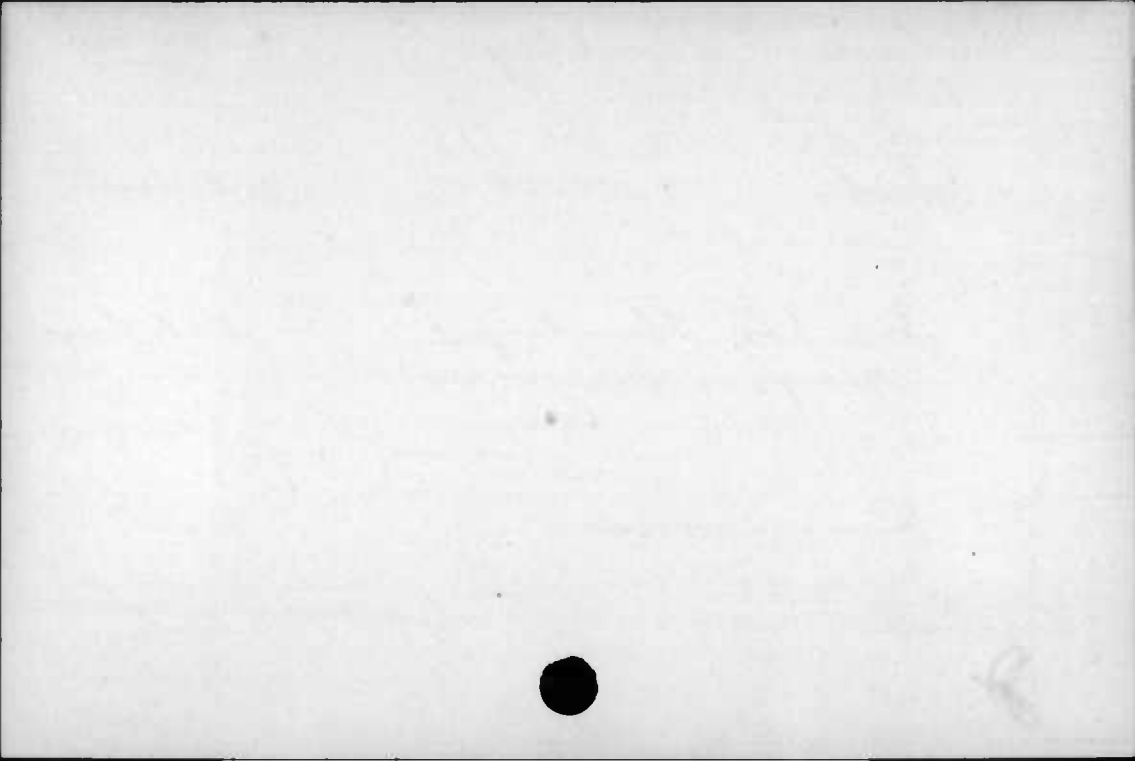
Died at <i>Shuntingtown</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>apl.</i>	Day <i>8</i>	Age <i>80</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birthplace <i>Cal. le. v.</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>not known</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>not obtainable</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>not obtainable</i>		
Name of person giving information <i>Holiday Hotel</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Asthma</i>	How long <i>10 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Titch</i>
	Address <i>Shuntingtown</i>
Accident or Suicide?	



Name  
in  
Full

Silas Hurley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

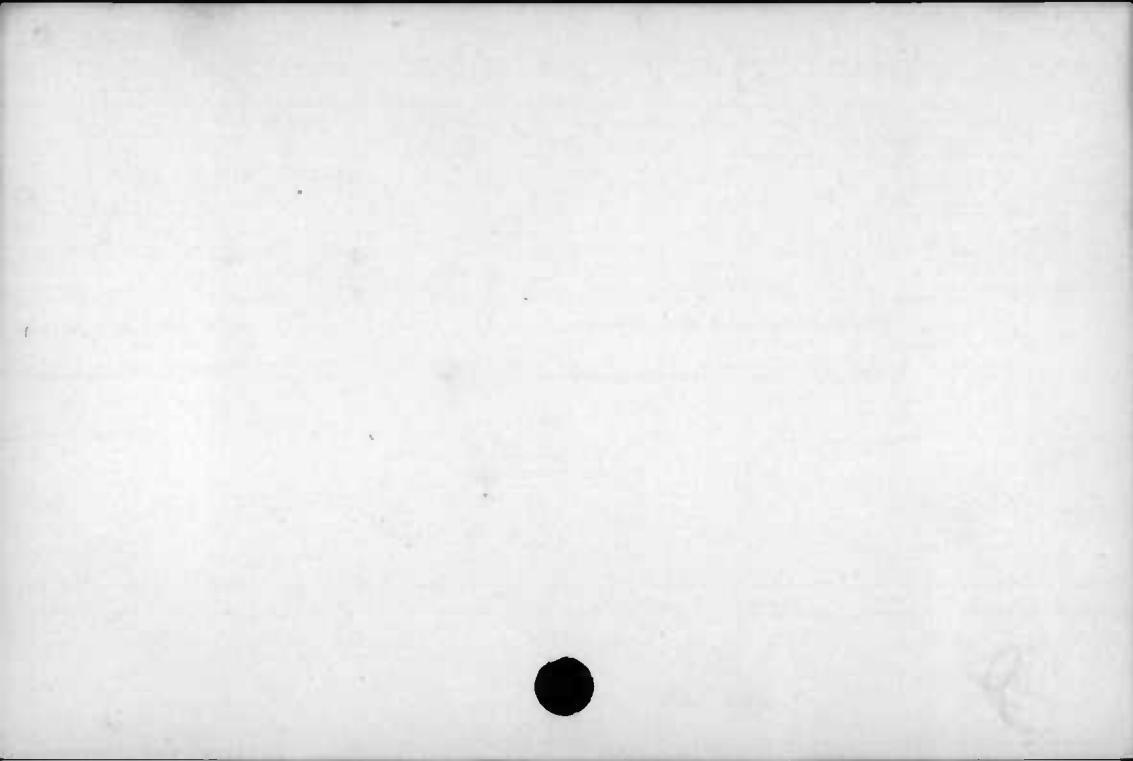
Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Calumet</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr.</i>	Day <i>10</i>	Years <i>18</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Lev.</i>		
Occupation <i>Farm Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph Hurley</i>			Father's Birthplace <i>Cal. Lev.</i>		
Mother's Maiden Name <i>Maggie Freeman</i>			Mother's Birthplace " "		
Name of person giving information <i>James Leary</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion from delayed resolution</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
<i>J</i>	Address <i>Huntingtown, Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1907		April	4	Age 23		
Sex	Color or Race		Birth-place			
Female	Caucasian		Washington			
Occupation	Where Residing if not at place of death					
Housekeeper						
Married, Single or Widowed	Name of Wife or Husband					
Single	Unknown					
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Unknown		Mother's Birthplace			
Name of person giving information	How related to deceased					
Florence Jones		Sister				

## CAUSES OF DEATH

Primary

93

How long

Immediate

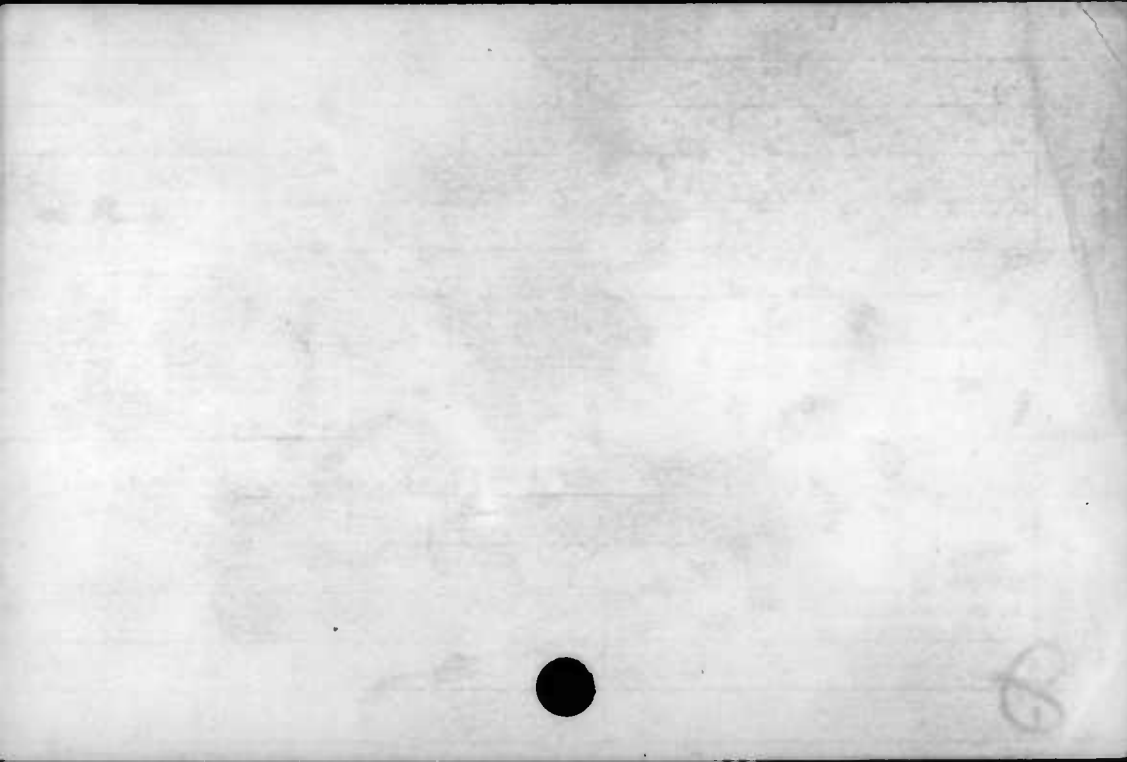
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Annice Parrau

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		April	20	Age 30			
Sex	Female	Color or Race	Black		Birth-place	Calvert Co	
Occupation	Housewife			Where Residing If not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Samuel Parrau			
Father's Name	James Sewell			Father's Birthplace	Calvert Co		
Mother's Maiden Name	Rosa Sewell			Mother's Birthplace	Calvert Co		
Name of person giving information	Samuel Parrau			How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mitral Insufficiency	How long	79
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Barlow Md.	
Accident or Suicide?			



8

Name  
in  
Full

Bettie Gray Petherbridge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

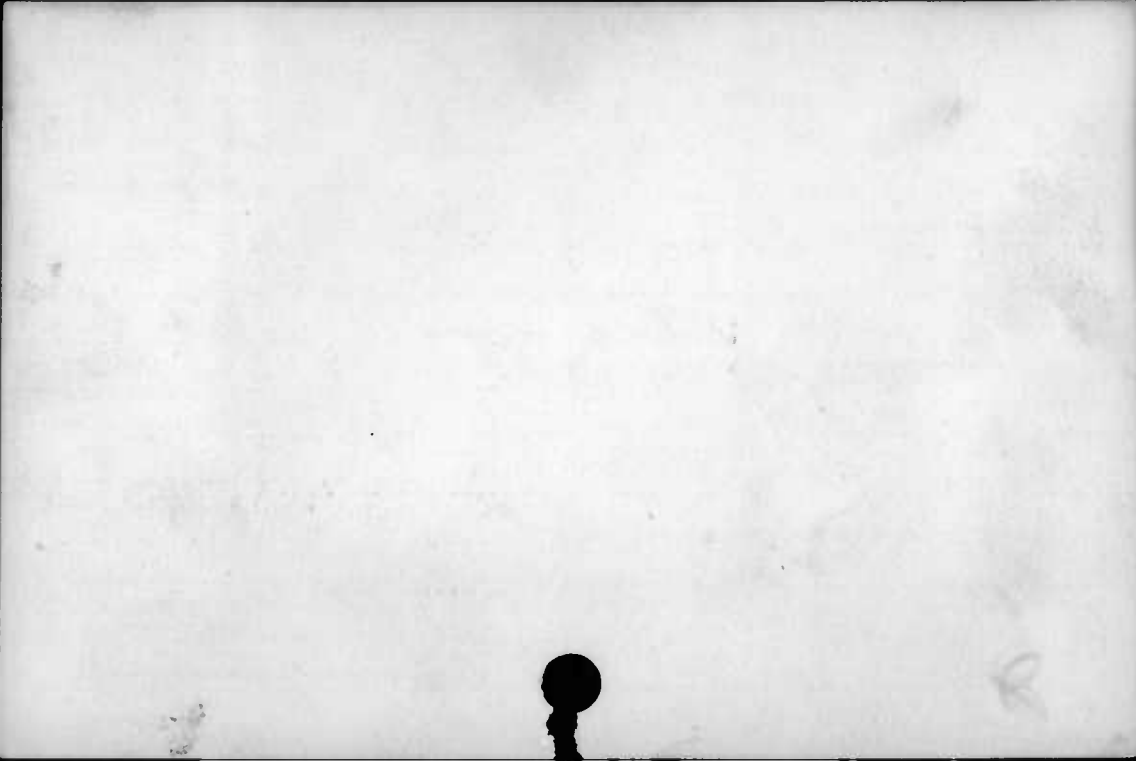
Died at		Town Brunswick		County Calvert		MARYLAND	
Date of death		1907	Month 4	Day 22	Age 68	Years 5	Months 20
Sex	Female		Color or Race	White		Birth-place	A. A. Co Md
Occupation	Housekeeper			Where Residing if not at place of death Brunswick			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Mr John T. Petherbridge					Father's Birthplace	Baltimore
Mother's Maiden Name	Jane Lucas Weems					Mother's Birthplace	Calvert Co
Name of person giving information	Mrs W. Petherbridge					How related to deceased	Brother

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary	Lung	How long	14 months
Immediate	Asthma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. H. Petherbridge	
Address		Charlotte Hall Md	
Accident or Suicide?		<input checked="" type="checkbox"/>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James E. Stallings*

Town *Willows* County *Calvert* MARYLAND

Died at *Willows*

Date of death *1907* Month *April* Day *26* Age *12* Months *12* Days *hours*

Sex *male* Color or Race *white* Birth-place *Willows*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *James Stallings* Father's Birthplace *Cal. Co.*

Mother's Maiden Name *Bonnie Scott* Mother's Birthplace *" "*

Name of person giving information *L. B. Denton* How related to deceased *None*

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary *Promature Birth*

Immediate \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. W. Teitch*

Address *Huntingtown*

Accident or Suicide? *no*





Name  
in  
Full

Alfred Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chambersville		County Calvert		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	19	60			
Sex	Male	Color or Race	Colored		Birth-place	unknown	
Occupation	Farm Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	unknown					Mother's Birthplace	unknown
Name of person giving information	George Hawthorne					How related to deceased	Neighbor

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	(Typhoid) Pneumonia	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. P. M. Chaney, M.D.	
		Address	
		Chambersville, Md.	
Accident or Suicide?			

